

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JP		03-21-01
O.I.P.E. CLASSIFIER	RSP		4/11/01
FORMALITY REVIEW	MH	920	05-30-01
RESPONSE FORMALITY REVIEW	7	935	5/1/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	4 8
1	22 17
2	04 04
3	0 0
4	0 0
5	0 0
6	0 0
7	0 0
8	0 0
9	0 0
10	0 0
11	0 0
12	0 0
13	0 0
14	0 0
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41	0 0
42	0 0
43	0 0
44	0 0
45	0 0
46	0 0
47	0 0
48	0 0
49	0 0
50	0 0

Claim	Date
Final Original	4 8
51	0 0
52	0 0
53	0 0
54	0 0
55	0 0
56	0 0
57	0 0
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59	0 0
60	0 0
61	0 0
62	0 0
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100	0 0

Claim	Date
Final Original	
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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